

---

**U.S. Small Business Administration**



***Your Small Business Resource***

**Office of Women's Business Ownership**

» Quarterly Expenditure Documentation Tutorial



# Actual Expense Documentation

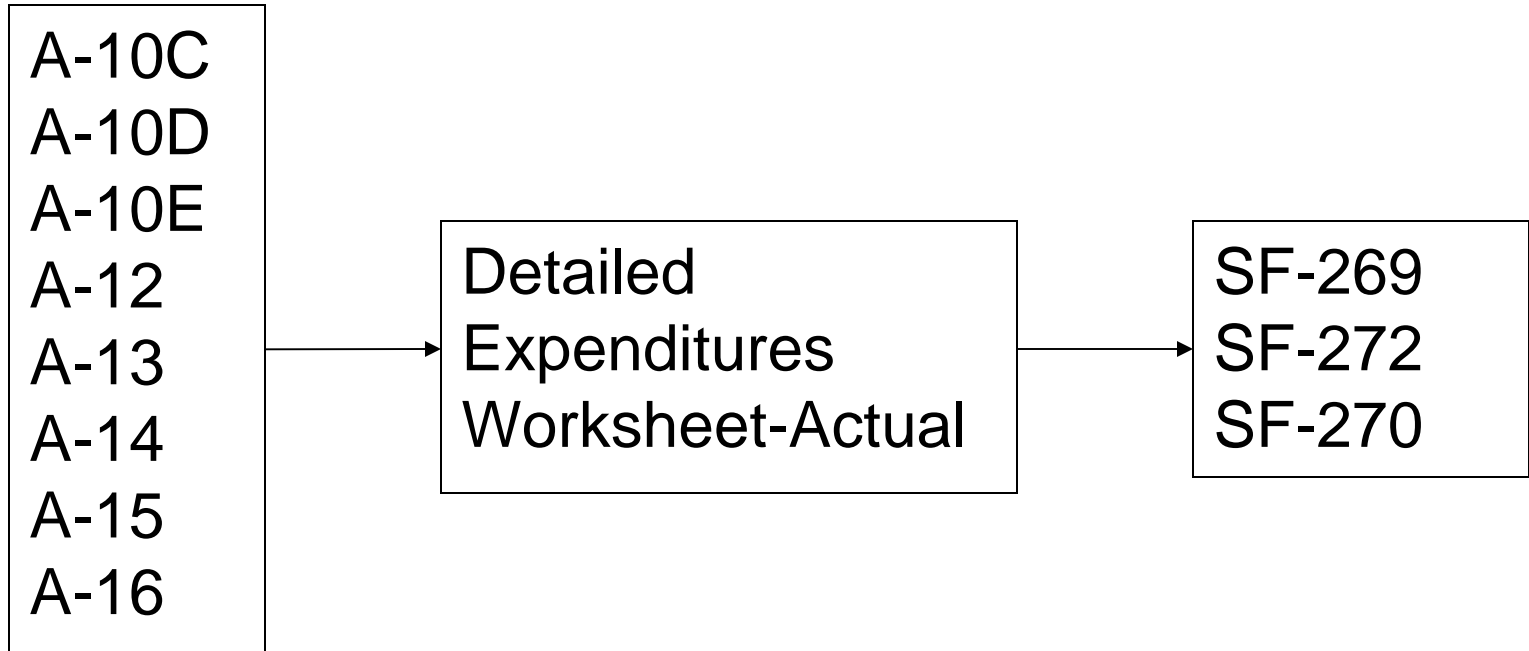


# Purpose

- In order to receive full **reimbursement** of all WBC expenses throughout the project period *it is the responsibility of the recipient organization* to submit details explaining their **actual expenses**.
- This process is completed through the following forms, explained in detail on the following slides.



# Forms/Worksheets- An Outline



# Managing Your Grant Paperwork

- In order to process your grant paperwork, *all forms must be filled out correctly.*
- This tutorial will explain, in detail, what each document is for and how to fill it out correctly.
- If you come across any sections that do not seem applicable to you, please call your DOTR (district office technical representative) or Program Manager in OWBO.



# Worksheets- An Explanation

- Budget Detail Worksheet for a Twelve Month Period
  - A-10C→Key Personnel Information
  - A-10D→ Non-Key Personnel Information
  - A-10E→Fringe Benefits of All Personnel
  - A-12→ Indirect Costs (Overhead and General and Administrative)



# Worksheets- An Explanation (cont'd)

- Budget Detail Worksheet for a Twelve Month Period
  - A-13→Travel Details
  - A-14→ Supply Costs (Major Expenses and Generalized Basic Expenses)
  - A-15→Contractual Details
  - A-16→ Other Expenses



# Forms- An Explanation

- SF-269-Financial Status Report
- SF-272- Cash Transaction Report
- SF-270- Request For Reimbursement





# Detailed Expenditures Worksheet

Actual Totals To Be Turned In  
After A Completed Quarter



# Direct Cost Worksheets

A-10C, A-10D, A-10E, A-13, A-14,  
A-15, A-16

NOTE: Items recorded as direct costs on the actual worksheets must be consistent with the direct costs listed on the budgeted worksheets. **MUST NOT REFLECT ANY INDIRECT COSTS.**



# QUARTERLY EXPENDITURE DOCUMENTATION

## DETAILED EXPENDITURES WORKSHEET\*

First Submittal for this Quarter: Yes \_\_\_\_\_ of actual expenses  
Date of Submittal: \_\_\_\_\_

Award NO.: \_\_\_\_\_  
Period Covered: \_\_\_\_\_ through \_\_\_\_\_

Quarter 1

**SUBMIT WITH EACH SF-272(Federal Cash Transaction Report), SF-270 (Request for Reimbursement), FINAL SF-269 (Financial Status Report) & ALL COSTS MUST BE IN THE APPROVED BUDGET.**

**AWARD RECIPIENTS MAY NOT INCUR COSTS IN A NON-APPROVED COST CATEGORY.**

\*to be turned in after a completed quarter

Direct Cost					
*Please be aware that these numbers should come from the appropriate worksheet					
	Federal	Non-Federal	In-Kind	Program Income	Total
<b>Personnel Services</b> - Taken from the A-10C and A-10D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Fringe Benefits</b> - Taken from the A-10E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Travel</b> - Taken from the A-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Supplies</b> - Taken from the A-14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Contractual</b> - Taken from the A-15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Other</b> - Taken from the A-16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL DIRECT COST</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost					
<b>Overhead</b> - Taken from the A-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>General and Administrative</b> - Taken from the A-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL INDIRECT COSTS</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL EXPENDITURES</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



# QUARTERLY EXPENDITURE DOCUMENTATION

## DETAILED EXPENDITURES WORKSHEET\*

of actual expenses

Award NO.: \_\_\_\_\_

Quarter

1

Period Covered: \_\_\_\_\_ through \_\_\_\_\_

1 SF-272(Federal Cash Transaction Report) AND FINAL SF-269 (Financial Status Report) & ALL C  
THE APPROVED BUDGET.

RD RECIPIENTS MAY NOT INCUR COSTS IN A NON-APPROVED COST CATEGORY.

pleted quarter

Select the appropriate  
quarter from the drop-  
down menu.

Please be aware that these numbers are for informational purposes only and do not represent actual expenditures.						
	Federal				Program Income	Total
- Taken from the A-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taken from the A-10E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
he A-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
n the A-14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
from the A-15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A-16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost						



# **QUARTERLY EXPENDITURE DOCUMENTATION** **DETAILED EXPENDITURES WORKSHEET\***

This is your Notice of Award Number

Make sure you put the date—no more than one quarter at a time

Quarter: Yes \_\_\_\_\_ of actual expenses  
 Date of Submittal: \_\_\_\_\_  
 Award NO.: \_\_\_\_\_  
 Period Covered: \_\_\_\_\_ through \_\_\_\_\_ **Quarter 1**

**SUBMIT WITH EACH SF-272 (Federal Cash Transaction Report), SF-270 (Request for Reimbursement), FINAL SF-269 (Financial Status Report) & ALL COSTS MUST BE IN THE APPROVED BUDGET.**

**AWARD RECIPIENTS MAY NOT INCUR COSTS IN A NON-APPROVED COST CATEGORY.**

\*to be turned in after a completed quarter

Important: Use indicated worksheets for listing your detailed costs

Direct Cost					
*these numbers should come from the appropriate worksheet					
		Non-Federal	In-Kind	Program Income	Total
Personnel Services - Taken from the A-10C and A-10D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits - Taken from the A-10E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel - Taken from the A-13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies - Taken from the A-14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual - Taken from the A-15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other- Taken from the A-16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL DIRECT COST</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Cost					
Overhead- Taken from the A-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
General and Administrative- Taken from the A-12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL INDIRECT COSTS</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL EXPENDITURES</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>



# Personnel Services

A-10C (Key Personnel Only)

A-10D (Non-Key Personnel Only)



### How is the actual percentage time calculated?

Take the total required (amount paid) and multiply by 12, the total number of months in a year. Divide that by the number of months covered by the pay request multiplied by the annual salary rate.

## A-10C ACTUAL COST WORKSHEET FOR QUARTERLY PAY REQUESTS

ALL CHANGES MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS

### KEY PERSONNEL ONLY

Award NO. \_\_\_\_\_  
Period Covered \_\_\_\_\_ through \_\_\_\_\_

NAME, JOB DESCRIPTION, START DATE/END DATE	ANNUAL SALARY RATE*	MONTHS	PERCENT TIME	TOTAL REQUIRED	CUMULATIVE AMOUNT REQUIRED			
					FEDERAL	NON-FED	III-KIND	PROG. INC.
Jane Doe	\$24,000.00	3	60.00%	\$3,600.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00				\$0.00
								\$0.00
								\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SUBTOTALS					\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL					\$0.00			

Essentially, this is supplemental to the Detailed Expenditure Sheet. Be sure to list each of the key personnel who gets paid out of grant funds—name, title, annual salary rate, number of months, percentage of time, and amount to be paid from this award. This is for the duration of the project or the year. **This is for the period covered by the pay request. You MUST submit a up-to-date version of this worksheet any time you have personnel changes.**

\*must be approved in advance

**NOTE:** Same as B-10A but for NON-KEY personnel (those who contribute less than 50% to the project)

**A-10D**  
ACTUAL COST WORKSHEET  
FOR QUARTER 1

PERSONNEL MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS

**NON-KEY PERSONNEL ONLY → LESS THAN 50% TO PROJECT**

Award NO. \_\_\_\_\_  
Period Covered \_\_\_\_\_ through \_\_\_\_\_

NAME, JOB DESCRIPTION, START DATE/END DATE	ANNUAL SALARY RATE*	MONTHS	PERCENT TIME	TOTAL REQUIRED	CUMULATIVE AMOUNT REQUIRED			
					FEDERAL	NON-FED	IN-KIND	PROG. INC.
	\$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00				0.00
			0.00%					0.00
			0.00%					0.00
			0.00%					0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

If needed, this column can be expanded to include information that does not fit in the space provided.

If this worksheet is completed by hand and submitted via facsimile, please attach additional sheets as necessary.

If any Non-Key personnel worked over 50% time they are considered Key personnel and MUST be moved to the A-10C worksheet.





# Fringe Benefits

A-10E



**A-10E**  
**ACTUAL FRINGE BENEFITS WORKSHEET**  
**FOR QUARTER 1**

ALL CHANGES MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS  
**ALL PERSONNEL**

Award NO. \_\_\_\_\_  
 Period Covered \_\_\_\_\_ through \_\_\_\_\_

FRINGE BENEFITS				CUMULATIVE AMOUNT REQUIRED			
TYPE / DESCRIPTION (ie health, dental, long term, disability)	AMOUNT	RATE	TOTAL	FEDERAL	NON-FED	IN-KIND	PROG. INC.
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

List all Fringe Benefits specific to the period covered by this request. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in Personnel Services category and only for the percentage of time devoted to the project.



# Travel

A-13



Dates should be recorded in chronological order.

**A-13**  
**TRAVEL DETAIL WORKSHEET**  
**FOR QUARTER 1**

Identify the date, traveler, destination, purpose for traveling, mode of transportation and total cost. Please then complete the form of expenditure! Per diem and/or meals - not allowed for travel in service area.

Award NO. \_\_\_\_\_  
 Period Covered \_\_\_\_\_ through \_\_\_\_\_

Travel						
Within Service Area (as defined in notice of award)						
NUMBER	DATE	NAME (If more than one, please list)	DESTINATION	PURPOSE	MODE OF TRANSPORTATION	TOTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
<b>TOTAL</b>						\$0.00

Please be sure to fill out all fields completely. Note: This travel worksheet is for destinations ***within the service area***, as defined in your notice of award.

\*Should more room be needed please attach an additional sheet



Dates should be recorded in chronological order.

Outside Service Area (as defined in notice of award)						
NUMBER	DATE	NAME (If more than one, please list)	DESTINATION	PURPOSE	MODE OF TRANSPORTATION	TOTAL
14						
15						
16						
17						
18						
19						\$0.00
20						
21						
22						
23						
24						
25						
TOTAL						\$0.00

Please be sure to fill out all fields completely. Note: This travel worksheet is for destinations ***outside the service area***, as defined in your notice of award.

\* Should more room be needed please attach an additional sheet



FORM OF EXPENDITURE					
NUMBER	TOTAL	FEDERAL	NON-FED	III-KIND	PROG. INC.
1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10				\$0.00	\$0.00
11				\$0.00	\$0.00
12				\$0.00	\$0.00
13				\$0.00	\$0.00
14				\$0.00	\$0.00
15				\$0.00	\$0.00
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>		\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>		\$0.00			

These totals are pulled directly from the totals on the travel detail worksheets.

These numbers correspond directly with the numbers on the worksheets for travel within *and* outside the service area.



# Supplies

A-14



Note: Please keep all receipts.

A-14

ACTUAL SUPPLY COSTS WORKSHEET  
FOR QUARTER 1

ALL CHANGES MUST BE PRE-APPROVED, NON-CONSTANT

Award NO. \_\_\_\_\_  
Period Covered \_\_\_\_\_ through \_\_\_\_\_

SUPPLIES

CONSUMABLE OFFICE SUPPLIES

DESCRIPTION

TOTAL

FEDERAL

NON-FED

IN-KIND

PROG. INC.

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

SUBTOTALS

GRAND TOTAL

COMPUTER EQUIPMENT

DESCRIPTION

List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing LESS THAN \$5,000) and show description. Generally, supplies include any materials that are expendable or consumed during the course of the project.

SUBTOTALS

GRAND TOTAL

\$0.00



Again, it is required that you select a description from the drop-down menu.

34	<b>OFFICE EQUIPMENT</b>						
35	DESCRIPTION	TOTAL					INC.
36		\$0.00					\$0.00
37	SUPPLIES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38	Office Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39	Software	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40	Training Material	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41	Computer	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42	Computer-Parts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42	Furniture	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43	SUBTOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44	GRAND TOTAL		\$0.00				
45							
46	<b>OTHER</b>		<b>CUMULATIVE AMOUNT REQUIRED</b>				
47	DESCRIPTION	TOTAL	FEDERAL	NON-FED	IN-KIND	PROG. INC.	
48		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
54		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55	SUBTOTALS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
56	GRAND TOTAL		\$0.00				
57							
58	TOTAL OF ALL SUPPLIES		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



# Contractual

A-15



**A-15**  
**CONTRACTUAL DETAIL WORKSHEET**  
**FOR QUARTER 1**  
 ALL CHANGES MUST BE PRE-APPROVED

Award NO. \_\_\_\_\_  
 Period Covered \_\_\_\_\_ through \_\_\_\_\_

DATE	COMPANY NAME	PURPOSE <sup>*</sup>	DESCRIPTION <sup>*</sup>	FORM OF EXPENDITURE			
				FEDERAL	NON-FED	IN-KIND	PROG. INC.
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

Provide company or person name and description of the product or service provided by the contract (to include consultants).

<sup>\*</sup> Should more room be needed please attach an addition sheet



Other

A-16



	A	B	C	D	E	F
1	<b>A-16</b>					
2	OTHER ITEMS WORKSHEET					
3	FOR QUARTER 1					
4						
5	Award NO. _____					
6	Period Covered _____ through _____					
7	<b>FORM OF EXPENDITURE</b>					
8	<b>ITEM TYPE</b>	<b>DESCRIPTION</b>	<b>FEDERAL</b>	<b>NON-FED</b>	<b>IN-KIND</b>	<b>PROG. INC.</b>
9	-					\$0.00
10	-					\$0.00
11	Rent		\$0.00	\$0.00	\$0.00	\$0.00
12	Telephone		\$0.00	\$0.00	\$0.00	\$0.00
13	Janitorial		\$0.00	\$0.00	\$0.00	\$0.00
14	Accounting		\$0.00	\$0.00	\$0.00	\$0.00
15	Administrative		\$0.00	\$0.00	\$0.00	\$0.00
16	Advertising		\$0.00	\$0.00	\$0.00	\$0.00
17	Printing		\$0.00	\$0.00	\$0.00	\$0.00
18			\$0.00	\$0.00	\$0.00	\$0.00
19			\$0.00	\$0.00	\$0.00	\$0.00
20			\$0.00	\$0.00	\$0.00	\$0.00
21	<b>SUBTOTALS</b>					.00
22	<b>GRAND TOTAL</b>				\$0.00	

It is required that you select an item type from the drop-down menu.

List the items (e.g., rent, telephone, janitorial, accounting, etc.) by major type and be sure to include a description. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.



# Total Indirect Cost Worksheets

A-12

Indirect costs listed on this worksheet MUST be consistent with the indirect costs listed on the B-12. MUST NOT REFLECT ANY DIRECT COSTS.



# Overhead

A-12



**A-12**  
**ACTUAL INDIRECT COSTS WORKSHEET**  
**FOR QUARTER 1**

ALL CHANGES MUST BE PRE-APPROVED, NON-CONSTRUCTION PROGRAMS

\*If you do not have an indirect rate agreement from a cognizant agency then you will not input any indirect costs\*

Award NO. \_\_\_\_\_

Period Covered \_\_\_\_\_ through \_\_\_\_\_

**Indirect  
Cost Rate**

**0%**

(this rate will be the SAME as budgeted)

This rate is always  
the same.

**INDIRECT COSTS**

**OVERHEAD**

**CUMULATIVE AMOUNT REQUIRED**

DESCRIPTION	AMOUNT	RATE	TOTAL	FEDERAL	NON-FED	IN-KIND	PROG. INC.
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

Give detailed information  
(e.g. facilities, rent, etc.).  
Note: Must be consistent with  
approved budget.





# General and Administrative

A-12



GENERAL AND ADMINISTRATIVE				CUMULATIVE AMOUNT REQUIRED			
DESCRIPTION	AMOUNT	RATE	TOTAL	FEDERAL	NON-FED	III-KIND	PROG. III-C.
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>SUBTOTALS</b>				\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL</b>				\$0.00			

Give detailed information.  
Note: Must be consistent with approved budget.

\*must be approved in advance

**Does this organization have a definitive approved rate package across the board for all grants/cooperative agreements/contracts?**

Choose one: YES

If your answer is "yes", provide name of approving audit agency and date and attach a copy of the rate approval, (a fully executed, negotiated agreement).

Name of Audit Agency: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: All costs approved on this budget must meet the tests of necessity, reasonableness, allowability, and allocability in accordance with applicable cost principles applicable to this award. All costs charged to this project are subject to audit. Recipients are responsible to insure proper management and financial accountability of federal funds to preclude future costs disallowances.

All categories must be supported by narrative justification.



# Standard Form 269

## Financial Status Report



**FINANCIAL STATUS REPORT**  
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00	0.00	0.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00	
j. Federal share of net outlays (line d less line i)		0.00	0.00	0.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				0.00	
o. Total Federal funds authorized for this funding period					
p. Unobligated balance of Federal funds (Line o minus line n)				0.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title				Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official				Date Report Submitted June 12, 2008	

**FINANCIAL STATUS REPORT**  
(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0039), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.**

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1, 2 and 3.	Self-explanatory.	10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.	10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
5.	Space reserved for an account number or other identifying number assigned by the recipient.	Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
6.	Check yes only if this is the last report for the period shown in item 8.	10d.	e, f, g, h, i and j. Self-explanatory.
7.	Self-explanatory.	10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."		Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.
9.	Self-explanatory.		Do not include any amounts on line 10k that have been included on lines 10a and 10j.
10.	The purpose of columns, I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column II of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.		On the final report, line 10k must be zero.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10f or 10s.	10l.	Self-explanatory.
	For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.	10m.	On the final report, line 10m must also be zero.
		10n.	o, p, q, r, s and t. Self-explanatory.
		11a.	Self-explanatory.
		11b.	Enter the indirect cost rate in effect during the reporting period.
		11c.	Enter the amount of the base against which the rate was applied.
		11d.	Enter the total amount of indirect costs charged during the report period.
		11e.	Enter the Federal share of the amount in 11d.
		Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

# FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

Your administrative code (AKA requisition number), from your Notice of Award or Modification of Contract

This is us.

Quarters 1-3, check No  
Quarter 4, check Yes

This is you.

All you've spent before this quarter

This quarter only

Both added together

1. Federal Agency and Organizational Element to Which Report is Submitted <b>SBA/OWBO</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>SBAHQ-00-W-0000</b>		OME No. <b>034</b>
3. Recipient Organization (Name and complete address, including ZIP code)				
4. Employer Identification Number <b>Your EIN</b>	5. Recipient Account Number or Identifying Number <b>0000000Z0000</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> A
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>Date your grant year began</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>Beginning of quarter</b>		To: (Month, Day, Year) <b>End of quarter</b>
10. Transactions:		I Previously Reported	I This Period	III Cumulative
a. Total outlays				0.00
b. Refunds, rebates, etc.		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of lines b and c)		0.00	0.00	0.00
Recipient's share of net outlays, consisting of:				
e. Third party (in-kind) contributions				0.00
f. Other Federal awards authorized to be used to match this award		0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative				0.00
h. All other recipient outlays not shown on lines e, f or g				0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00

Same numbers go here

Matching funds spent this quarter



j.	Federal share of net outlays (line d less line i)			0.00	0.00	0.00
k.	Total unliquidated obligations					0.00
l.	Recipient's share of unliquidated obligations					0.00
m.	Federal share of unliquidated obligations					0.00
n.	Total Federal share (sum of lines j and m)					0.00
o.	Total Federal funds authorized for this funding period					
p.	Unobligated balance of Federal funds (Line o minus line n)					0.00
<b>Program income, consisting of:</b>						
q.	Disbursed program income shown on lines c and/or g above					
r.	Disbursed program income using the addition alternative					
s.	Undisbursed program income					
t.	Total program income realized (Sum of lines q, r and s)					0.00
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed b. Rate      c. Base      d. Total Amount      e. Federal Share					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title					Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official					Date Report Submitted June 12, 2008	

Federal funds you've spent before this quarter, this quarter, and total

Amount of your grant

What you still have to draw down

This is just income information

These are indirect costs



# Standard Form 272

## Federal Cash Transactions Report





FEDERAL CASH TRANSACTIONS REPORT		OMB APPROVAL NO. 0348-0003	
(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)		1. Federal sponsoring agency and organizational element to which this report is submitted	
2. RECIPIENT ORGANIZATION		4. Federal grant or other identification number	5. Recipient's account number or identifying number
Name:		6. Letter of credit number	7. Last payment voucher number
Number and Street:		Give total number for this period	
City, State and ZIP Code:		8. Payment Vouchers credited to your account	9. Treasury checks received (partial or not deposited)
3. FEDERAL EMPLOYER IDENTIFICATION NO.		10. PERIOD COVERED BY THIS REPORT	
		FROM (month, day, year)	TO (month, day, year)
11. STATUS OF  FEDERAL  CASH  (See specific instructions on the back)	a. Cash on hand beginning of reporting period	\$	
	b. Letter of credit withdrawals		
	c. Treasury check payments		
	d. Total receipts (Sum of lines b and c)	0.00	
	e. Total cash available (Sum of lines a and d)	0.00	
	f. Gross disbursements		
	g. Federal share of program income		
	h. Net disbursements (Line f minus line g)	0.00	
	i. Adjustments of prior periods		
	j. Cash on hand end of period	\$	
12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE	13. OTHER INFORMATION		
Days	a. Interest income	\$	
	b. Advances to subgrantees or subcontractors	\$	
14. REMARKS (Attach additional sheets of plain paper, if more space is required)			
15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code, Number, Extension)
THIS SPACE FOR AGENCY USE			

# INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Please type or print legibly. Items 1, 2, 5, 9, 10, 11d, 11e, 11h, and 15 are self-explanatory, specific instructions for other items are as follows:

Item	Entry	Item	Entry
3	Enter Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service or the FICE (institution) code.		benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
4	If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272A, Report of Federal Cash Transactions - Continued.	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
	Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
5	This space reserved for an account number or other identifying number that may be assigned by the recipient.		
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to pre-scheduled or automatic advances.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.		
11b	Enter total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.		
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors; the gross amount of direct salaries and wages, including the employee's share of	13b	Enter the amount of advance to secondary recipients included in item 11h.
		14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

SBA/OWBO

## 2. RECIPIENT ORGANIZATION

Name:

Number

and Street:

City, State

and ZIP Code

Your organization's name, address, and street number

4. Federal grant or other identification number

5. Recipient's account number or identifying number

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

## 10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

TO (month, day, year)

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$

b. Letter of credit withdrawals

c. Treasury check payments

d. Total receipts (Sum of lines b and c)

0.00

e. Total cash available (Sum of lines a and d)

0.00

f. Gross disbursements

g. Federal share of program income

h. Net disbursements (Line f minus line g)

0.00

i. Adjustments of prior periods

j. Cash on hand end of period

\$

## 13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

13a and 13b are always \$0.00

## 14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15.

## CERTIFICATION

DATE REPORT SUBMITTED

06/12/2008

TITLE

TELEPHONE (Area Code, Number, Extension)

If you have cash on hand (j), explain why and when you expect the funds to be spent (should be spent the end of the next quarter)

- For the first quarter, this should be \$0.00
- SBA does not do letters of credit
- Amount of your advance
- Same as c
- Total checks-advances and reimbursements
- How much of e you've spent
- Always \$0.00
- Same as f
- First quarter \$0.00, 2<sup>nd</sup>-4<sup>th</sup> quarters adjust up or down (anything affecting the balance)
- This should be either \$0.00 or a negative balance in 2<sup>nd</sup> or 3<sup>rd</sup> quarters: if not, explain when the funds will be spent or the amount will be deducted from your next payment. Must be \$0.00 in 4<sup>th</sup> quarter.

# Standard Form 270

Request for Reimbursement



<div>REQUEST FOR ADVANCE OR REIMBURSEMENT</div> <div>(See instructions on back)</div>		OMB APPROVAL NO. <div>0348-0004</div>		PAGE OF <div>PAGES</div>	
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <div><input type="checkbox"/> ADVANCE    <input type="checkbox"/> REIMBURSEMENT</div>		2. BASIS OF REQUEST <div><input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL</div>
			b. "X" the applicable box <div><input type="checkbox"/> FINAL    <input type="checkbox"/> PARTIAL</div>		
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST	
6. EMPLOYER IDENTIFICATION NUMBER		7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER		8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year)	
9. RECIPIENT ORGANIZATION  Name:  Number and Street:  City, State and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9)  Name:  Number and Street:  City, State and ZIP Code:			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES ▶		(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)		\$	\$	\$	\$ 0.00
b. Less: Cumulative program income					0.00
c. Net program outlays (Line a minus line b)		0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period					0.00
e. Total (Sum of lines c & d)		0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e					0.00
g. Federal share of amount on line e					0.00
h. Federal payments previously requested					0.00
i. Federal share now requested (Line g minus line h)		0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances		1st month			0.00
		2nd month			0.00
		3rd month			0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
				\$ 0.00	
c. Amount requested (Line a minus line b)					
AUTHORIZED FOR LOCAL REPRODUCTION		(Continued on Reverse)		STANDARD FORM 270 (Rev. 7-97) Prescribed by OMB Circulars A-102 and A-110	

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED <div>June 12, 2008</div>
	TYPED OR PRINTED NAME AND TITLE <div>TELEPHONE (AREA CODE, NUMBER, EXTENSION)</div>	

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

INSTRUCTIONS	
Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:	
Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
13	Complete the certification before submitting this request.

Check Reimbursement and Partial

Keep track of how many requests you submit

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  (See instructions on back)		OMB APPROVAL NO. <b>0348-0004</b>		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  <b>U.S. Small Business Administration</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  <b>1-4</b>
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>Beginning Date</b> TO (month, day, year) <b>Ending Date</b>		
9. RECIPIENT ORGANIZATION  Name:  Number and Street:  City, State and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9)  Name:  Number and Street:  City, State and ZIP Code:		

Name and address of the organization holding the grant

Ignore what this box asks. Instead, give the bank account number, bank routing number and e-mail address of the person who fills out this form



This time, you fill out Section 11, Computation of Amount of Reimbursements

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED		(b)	(c)	TOTAL
a. Total program outlays to date (As of date)		\$	\$	
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)		0.00		
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)		0.00		
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)		0.00		
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

WBC

a) Everything you've spent to date—federal and non-federal

b) Put 0.00

c) Same as a)

f) Total amount of non-federal funds you have spent during this grant period (includes in-kind contributions)

g) Total amount of federal funds you have spent during this grant period

This is the total amount of funds you've already received during this grant period

And this is the amount of the advance you are currently requesting. This is the Total **Federal** Direct Expenses (bottom of page 1 of the Detailed Expenditure Worksheet) or, if you have indirect charges, the Total **Federal** Expenses

12. ALTERNATE COMPUTATION

a. Estimated Federal cash outlays that will be made during period covered by the advance
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period
c. Amount requested (Line a minus line b)

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-110

